

# ***WOMEN'S HEALTH CLINIC***

***PLEASE BRING COMPLETED MEDICAL FORM WITH YOU TO YOUR APPOINTMENT***

***NAME:*** \_\_\_\_\_  
                                    ***LAST***                                    ***FIRST***                                    ***MI***

***APPOINTMENT:*** \_\_\_\_\_  
                                    ***DAY***                                    ***TIME***

- . If you have a Clinic Card, check to see if it has expired***
- . If you are a NEW patient and need to get a Clinic Card, you need to bring:***
  - . Proof of Residence***
  - . Proof of Total Family Income***

***If you owe a balance for services rendered at Alexandria Health Department or Casey Health Clinic and have questions regarding the bill, Call 838-4400, Ext. 201 or 244 or 284 or 368***

***Outstanding Balance Amount: \$*** \_\_\_\_\_

***Lillie Collins – (703) 838-4400 Ext. 225***  
***Women's Health Clinic –Community Services Specialist***